

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 111

For Official Use Only

Statement covers period

from 11/19/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
810163

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Republican Party - State

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
916-448-9497 / bburch@cagop.org

Treasurer(s)

NAME OF TREASURER
Dr. Mario Guerra

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>916-448-9496</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018 By Dr. Mario Guerra
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>111</u> I.D. NUMBER 810163
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$1,560,753.32	\$7,643,404.92
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$1,560,753.32	\$7,643,404.92
4. Nonmonetary Contributions	Schedule C, Line 3	\$9,406.96	\$136,093.64
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$1,570,160.28	\$7,779,498.56

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$967,655.14	\$5,772,937.64
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$967,655.14	\$5,772,937.64
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$55,468.71)	\$146,662.52
10. Nonmonetary Adjustment	Schedule C, Line 3	\$9,406.96	\$136,093.64
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$921,593.39	\$6,055,693.80

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$2,441,427.47	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$1,560,753.32	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$42,879.05	
15. Cash Payments	Column A, Line 8 above	\$967,655.14	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$3,077,404.70	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$146,662.52

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 4 of 111
		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2017	Greg Conlon Atherton, CA 94027-3042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jones & Apparell Consultant	\$1,275.00	\$1,275.00	
11/20/2017	E & B Natural Resources Mgmt. Corp Bakersfield, CA 93308-2234	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/20/2017	E & B Natural Resources Mgmt. Corp Bakersfield, CA 93308-2234	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/20/2017	E & B Natural Resources Mgmt. Corp Bakersfield, CA 93308-2234	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/20/2017	MacPherson Oil Company Santa Monica, CA 90405-5265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$1,560,483.32

2. Amount received this period - unitemized contributions of less than \$100 \$270.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$1,560,753.32

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2017	MacPherson Oil Company Santa Monica, CA 90405-5265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/20/2017	MacPherson Oil Company Santa Monica, CA 90405-5265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/20/2017	Purdue Pharma LP Stamford, CT 06901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
11/20/2017	Purdue Pharma LP Stamford, CT 06901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
11/20/2017	Purdue Pharma LP Stamford, CT 06901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	AbbVie, Inc. North Chicago, IL 60064-1802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
11/27/2017	AbbVie, Inc. North Chicago, IL 60064-1802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
11/27/2017	AbbVie, Inc. North Chicago, IL 60064-1802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
11/27/2017	Berry Petroleum Company Denver, CO 80202-5703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/27/2017	Berry Petroleum Company Denver, CO 80202-5703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER
California Republican Party - State

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11/27/2017	Berry Petroleum Company Denver, CO 80202-5703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/27/2017	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/27/2017	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/27/2017	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
11/28/2017	California Cable Telecomm Non Prop 34 Com. Sacramento, CA 95814-3832 Committee ID: 1234155	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,666.66	\$135,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 8 of 111
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NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	California Cable Telecomm Non Prop 34 Com. Sacramento, CA 95814-3832 Committee ID: 1234155	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,666.67	\$135,000.00	
11/28/2017	California Cable Telecomm Non Prop 34 Com. Sacramento, CA 95814-3832 Committee ID: 1234155	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,666.67	\$135,000.00	
11/28/2017	Philip Morris USA Inc. and its Affiliates Sacramento, CA 95814-3912	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$204,080.00	
11/28/2017	Philip Morris USA Inc. and its Affiliates Sacramento, CA 95814-3912	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$204,080.00	
11/28/2017	Philip Morris USA Inc. and its Affiliates Sacramento, CA 95814-3912	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.34	\$204,080.00	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Harmeet Dhillon San Francisco, CA 94108-4613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dhillon Law Group Attorney	\$208.33	\$1,874.97	
11/30/2017	Sarvjit Randhawa San Francisco, CA 94108-4725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Peak Brokers Real Estate Agent	\$208.33	\$1,874.97	
11/30/2017	Wilk for Senate 2020 San Diego, CA 92119 Committee ID: 1392822	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$14,500.00	\$22,000.00	
12/4/2017	21st Century Fox America, Inc. New York, NY 10036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,166.67	\$36,500.00	
12/4/2017	21st Century Fox America, Inc. New York, NY 10036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,166.67	\$36,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>10</u> of <u>111</u> I.D. Number 810163

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NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2017	21st Century Fox America, Inc. New York, NY 10036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,166.66	\$36,500.00	
12/5/2017	Enterprise Property Company, LLC Laguna Hills, CA 92653-5711	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
12/5/2017	Farmers and Merchants Bank of Central California Lodi, CA 95240-2110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
12/5/2017	Pete Menghetti Modesto, CA 95358-8445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Menghetti Ranch Inc. Farmer	\$100.00	\$200.00	
12/5/2017	John Teresi Lodi, CA 95240-0722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teresi Enterprises OWNER/OPERATOR	\$100.00	\$100.00	
SUBTOTAL						

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2017	Thomas V. McKernan, Jr. Arcadia, CA 91006-1903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Club of Southern CA Executive	\$50,000.00	\$50,000.00	
12/13/2017	Comcast Financial Agency Corporation Philadelphia, PA 19103-2833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$40,000.00	
12/13/2017	Comcast Financial Agency Corporation Philadelphia, PA 19103-2833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$40,000.00	
12/13/2017	Comcast Financial Agency Corporation Philadelphia, PA 19103-2833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.34	\$40,000.00	
12/13/2017	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$47,500.00	\$122,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2017	Seneca Resources Corp West Bakersfield, CA 93311-8706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
12/13/2017	Seneca Resources Corp West Bakersfield, CA 93311-8706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
12/13/2017	Seneca Resources Corp West Bakersfield, CA 93311-8706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
12/13/2017	Signal Hill Petroleum, Inc. Signal Hill, CA 90755-2008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
12/13/2017	Signal Hill Petroleum, Inc. Signal Hill, CA 90755-2008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>13</u> of <u>111</u>		
NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2017	Signal Hill Petroleum, Inc. Signal Hill, CA 90755-2008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
12/16/2017	California Charter Schools Association Advocates Independent Expenditure Committee Sacramento, CA 95814-4439 Committee ID: 1339522	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$33,333.34	\$100,000.00	
12/16/2017	California Charter Schools Association Advocates Independent Expenditure Committee Sacramento, CA 95814-4439 Committee ID: 1339522	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$33,333.33	\$100,000.00	
12/16/2017	California Charter Schools Association Advocates Independent Expenditure Committee Sacramento, CA 95814-4439 Committee ID: 1339522	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$33,333.33	\$100,000.00	
12/18/2017	Cannella for Senate 2014 Willows, CA 95988-9788 Committee ID: 1341019	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Mark A Kubich Grass Valley, CA 95945-8517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Logger	\$100.00	\$100.00	
12/18/2017	Mike Morrell for Assembly 2020 Elk Grove, CA 95624 Committee ID: 1394428	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$15,000.00	
12/19/2017	Astellas Pharma US, Inc. Los Angeles, CA 90015-2548	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
12/19/2017	Astellas Pharma US, Inc. Los Angeles, CA 90015-2548	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
12/19/2017	Astellas Pharma US, Inc. Los Angeles, CA 90015-2548	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Donald Melching Covina, CA 91724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tri-Mark Enterprises, Inc. President	\$100.00	\$100.00	
12/19/2017	The Dentists Insurance Company Sacramento, CA 95814-4439	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$155,000.00	
12/20/2017	Harmeet Dhillon San Francisco, CA 94108-4613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dhillon Law Group Attorney	\$208.33	\$1,874.97	
12/20/2017	Joseph Henehan San Bernardino, CA 92408-3550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Henehan Company Insurance Agent	\$625.00	\$2,500.00	
12/20/2017	Sarvjit Randhawa San Francisco, CA 94108-4725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Peak Brokers Real Estate Agent	\$208.33	\$1,874.97	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 16 of 111
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Fred Whitaker Orange, CA 92866-1105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cummins & White LLP Attorney	\$1,250.00	\$2,500.00	
12/21/2017	California Hospitals Comm. On Issues Sacramento, CA 95814-3946 Committee ID: 880212	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$166,666.67	\$600,000.00	
12/21/2017	California Hospitals Comm. On Issues Sacramento, CA 95814-3946 Committee ID: 880212	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$166,666.67	\$600,000.00	
12/21/2017	California Hospitals Comm. On Issues Sacramento, CA 95814-3946 Committee ID: 880212	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$166,666.66	\$600,000.00	
12/21/2017	Chevron Policy Govt & Publ Affairs San Ramon, CA 94583-2324	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125,000.00	\$780,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2017	Ensign Facility Services, Inc. Mission Viejo, CA 92691-8566	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
12/21/2017	Ensign Facility Services, Inc. Mission Viejo, CA 92691-8566	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Ensign Facility Services, Inc. Mission Viejo, CA 92691-8566	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Genesis Administrative Services, LLC Kennett Square, PA 19348	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Genesis Administrative Services, LLC Kennett Square, PA 19348	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

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12/21/2017	Genesis Administrative Services, LLC Kennett Square, PA 19348	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Liberty Dental Plan of California Irvine, CA 92602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Liberty Dental Plan of California Irvine, CA 92602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Liberty Dental Plan of California Irvine, CA 92602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
12/21/2017	Plum Healthcare Group LLC San Marcos, CA 92069-2987	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 11/19/2017 through 12/31/2017		CALIFORNIA FORM 460
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NAME OF FILER California Republican Party - State		I.D. Number 810163

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12/21/2017	Plum Healthcare Group LLC San Marcos, CA 92069-2987	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/21/2017	Plum Healthcare Group LLC San Marcos, CA 92069-2987	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
12/21/2017	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,083.33	\$100,000.00	
12/21/2017	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,083.33	\$100,000.00	
12/21/2017	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18,250.00	\$100,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2017	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18,250.00	\$100,000.00	
12/21/2017	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$33,333.34	\$100,000.00	
12/21/2017	Yocha Dehe Wintun Nation Brooks, CA 95606-0018	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$30,000.00	
12/21/2017	Yocha Dehe Wintun Nation Brooks, CA 95606-0018	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$30,000.00	
12/22/2017	Chevron Policy Govt & Publ Affairs San Ramon, CA 94583-2324	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$155,000.00	\$780,000.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
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12/23/2017	San Manuel Band of Mission Indians Highland, CA 92346-6712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$70,000.00	
12/23/2017	San Manuel Band of Mission Indians Highland, CA 92346-6712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.34	\$70,000.00	
12/23/2017	San Manuel Band of Mission Indians Highland, CA 92346-6712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$70,000.00	
12/27/2017	Gallagher for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392567	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35,500.00	\$38,500.00	
12/27/2017	Gallagher for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392567	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$38,500.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Highland Fairview Operating Co. Sunny Isles, FL 33160	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
12/27/2017	Highland Fairview Operating Co. Sunny Isles, FL 33160	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/27/2017	Highland Fairview Operating Co. Sunny Isles, FL 33160	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/27/2017	Sierra Pacific Industries Redding, CA 96001-2640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23,416.67	\$125,000.00	
12/27/2017	Sierra Pacific Industries Redding, CA 96001-2640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23,416.67	\$125,000.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>23</u> of <u>111</u>
		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Sierra Pacific Industries Redding, CA 96001-2640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18,250.00	\$125,000.00	
12/27/2017	Sierra Pacific Industries Redding, CA 96001-2640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$41,666.66	\$125,000.00	
12/27/2017	Sierra Pacific Industries Redding, CA 96001-2640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18,250.00	\$125,000.00	
12/29/2017	California Cattlemans Association PAC Sacramento, CA 95814-1910 Committee ID: 760980	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
12/29/2017	California Cattlemans Association PAC Sacramento, CA 95814-1910 Committee ID: 760980	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	California Cattlemans Association PAC Sacramento, CA 95814-1910 Committee ID: 760980	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
12/29/2017	California Medical Association PAC Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$80,000.00	
12/29/2017	California Medical Association PAC Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.34	\$80,000.00	
12/29/2017	California Medical Association PAC Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$80,000.00	
12/29/2017	California Refuse Recycling Council North Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$5,000.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11/19/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	California Refuse Recycling Council North Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$5,000.00	
12/29/2017	California Refuse Recycling Council North Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$5,000.00	
12/29/2017	Pepsico Inc. and Affiliated Entities Purchase, NY 10577-1401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,333.33	\$35,000.00	
12/29/2017	Pepsico Inc. and Affiliated Entities Purchase, NY 10577-1401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,333.33	\$35,000.00	
12/29/2017	Pepsico Inc. and Affiliated Entities Purchase, NY 10577-1401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,333.34	\$35,000.00	
SUBTOTAL				\$1,560,483.32		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 11/19/2017
through 12/31/2017

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FORM **460**

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NAME OF FILER
California Republican Party - State

I.D. NUMBER

810163

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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I.D. Number 810163	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Brian Dahle for Assembly 2018 Hilmar, CA 95324 Committee ID: 1393369	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office Supplies and Travel Costs	\$9,406.96	\$45,906.96	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$9,406.96

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$9,406.96
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$9,406.96

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 11/19/2017

through 12/31/2017

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

I.D. NUMBER

810163

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Payee Name: Catharine Baker for Assembly 2018 Candidate Name: Catharine Baker State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$30,000.00	\$114,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/1/2017	Payee Name: Dante Acosta for Assembly 2018 Candidate Name: Dante Acosta State Assembly Person District 38 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$40,200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/1/2017	Republican Party of Los Angeles County - NonFed	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,000.00	\$9,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$90,050.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$90,050.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 11/19/2017

through 12/31/2017

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NAME OF FILER

California Republican Party - State

I.D. NUMBER
 810163

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Payee Name: Dante Acosta for Assembly 2018 Candidate Name: Dante Acosta State Assembly Person District 38 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$40,200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/20/2017	Payee Name: Catharine Baker for Assembly 2018 Candidate Name: Catharine Baker State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,000.00	\$114,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/20/2017	Payee Name: Marc Steinorth for Assembly 2018 Candidate Name: Marc Steinorth State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$20,750.00	\$44,488.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	California Trailblazers	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Meeting Space Fees	\$300.00	\$300.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$90,050.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 11/19/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 31 of 111
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Catharine Baker for Assembly 2018 Elk Grove, CA 95624	CTB		\$30,000.00
Committee ID: 1392518 Dante Acosta for Assembly 2018 San Diego, CA 92119	CTB		\$10,000.00
Committee ID: 1392526 ADLY Enterprises, LLC Los Angeles, CA 90037	OFC		\$1,272.52

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$967,655.14
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$967,655.14

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>32</u> of <u>111</u>
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rebekah Clark Aldie, VA 20105	CNS			\$1,500.00
Nithin B Mathew Fremont, CA 94539-7780		TRS, OFC		\$1,000.89
The Monaco Group Coto De Caza, CA 92679-5229	LIT			\$2,781.33
Ascendant Public Policy Group Cleveland, OH 44113		VOIP Phones		\$2,491.50
Metlife Aurora, IL 60504-4102		Employee Medical Benefits		\$57.68

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through <u>12/31/2017</u>		Page <u>33</u> of <u>111</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mike Donovan Sacramento, CA 95814-5066	CNS			\$3,000.00
GS Strategy Group Boise, ID 83702-5460	POL			\$15,250.00
Kelly A. Lawler Hilmar, CA 95324	FND			\$1,925.36
Republican Party of Los Angeles County - NonFed Encino, CA 91436	CTB			\$9,000.00
Committee ID: 742145 California Republican Leadership Fund Sacramento, CA 95814-4439	PRO		Reimb. of Monthly Expenses-See Sch. G	\$4,666.67
Committee ID: 1340317				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Leadership Fund Sacramento, CA 95814-4439	PRO		Reimb. of Monthly Expenses-See Sch. G	\$4,666.66
Committee ID: 1340317				
California Republican Leadership Fund Sacramento, CA 95814-4439	PRO		Reimb. of Monthly Expenses-See Sch. G	\$4,666.67
Committee ID: 1340317				
Dante Acosta for Assembly 2018 San Diego, CA 92119	CTB			\$5,000.00
Committee ID: 1392526				
AT&T Wireless Los Angeles, CA 90060-0360	OFC			\$296.80
T-Mobile USA, Inc. Bellevue, WA 98006-1350	OFC			\$200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>35</u> of <u>111</u>
I.D. NUMBER 810163		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrews Communications Hanford, CA 93230-7093			CNS, TRS	\$16,103.43
David Creager Sacramento, CA 95815-3820	CNS			\$2,000.00
Alicia Dimmitt West Sacramento, CA 95691			CNS, OFC	\$1,668.31
Dylan Gray Torrance, CA 90505-2325	CNS			\$1,000.00
JFW Cook Corporation Gridley, CA 95948-1196			CNS, TRS	\$1,161.57

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>36</u> of <u>111</u>
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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NAME OF FILER
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nick Mirman Sacramento, CA 95811-6104	CNS			\$1,518.75
Marissa Pickard Sacramento, CA 95831	CMP			\$1,160.00
James Stanley Foresthill, CA 95631-9770	CNS			\$617.50
JMJ Associates Sacramento, CA 95816-6519	CNS			\$7,000.00
Matt Klemin Roseville, CA 95747-7549	CNS			\$11,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Matt Klemin Roseville, CA 95747-7549	CNS			\$3,000.00
Mei Mei Ho & Associates Diamond Bar, CA 91765-0243	CNS			\$20,000.00
Golden State Strategy Group Sacramento, CA 95864-5641		CNS, FND		\$16,764.46
Janessa Pulido Santa Paula, CA 93060-1422	OFC			\$150.00
The Grand Del Mar Resort San Diego, CA 92130-4900	FND			\$196,653.86

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 38 of 111
		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ADLY Enterprises, LLC Los Angeles, CA 90037	OFC			\$1,050.00
ADLY Enterprises, LLC Los Angeles, CA 90037	OFC			\$500.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$630.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$1,262.25
Hien Nguyen San Diego, CA 92129-4210	OFC			\$183.60

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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NAME OF FILER
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Catharine Baker for Assembly 2018 Elk Grove, CA 95624	CTB			\$15,000.00
Committee ID: 1392518				
Marc Steinorth for Assembly 2018 Santa Ana, CA 92705	CTB			\$20,750.00
Committee ID: 1392851				
Alicia Dimmitt West Sacramento, CA 95691	CNS			\$400.00
JFW Cook Corporation Gridley, CA 95948-1196	TRS			\$361.21
Stephen Moore Potomac, MD 20854	CNS			\$5,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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NAME OF FILER
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Golden State Strategy Group Sacramento, CA 95864-5641	CNS			\$16,500.00
Anaheim Marriott Hotels Anaheim, CA 92802-3424			CRP Convention	\$69,379.27
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$555.62
Kevin Bassett Gold River, CA 95670-7226			TRS, OFC	\$2,070.52
JMJ Associates Sacramento, CA 95816-6519	CNS			\$7,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>41</u> of <u>111</u>
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Matt Klemin Roseville, CA 95747-7549	TRS			\$3,825.92
Moore Information, Inc. Portland, OR 97201-7710	POL			\$17,600.00
Julie Sauls Sacramento, CA 95864-1511		TRS, OFC, CMP		\$2,306.80
David Creager Sacramento, CA 95815-3820	CNS			\$1,000.00
Fulton Public Affairs Sacramento, CA 95825	CNS			\$3,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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NAME OF FILER
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dylan Gray Torrance, CA 90505-2325	CNS			\$2,000.00
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Sch. G	\$185.00
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Sch. G	\$185.00
California Republican Leadership Fund Sacramento, CA 95814-4439	PRO		Reimb. Monthly Expenses-See Sch. G	\$4,670.08
Committee ID: 1340317 California Republican Leadership Fund Sacramento, CA 95814-4439	PRO		Reimb of Monthly Expenses-See Sch. G	\$4,670.06
Committee ID: 1340317				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>43</u> of <u>111</u>
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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NAME OF FILER
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Leadership Fund Sacramento, CA 95814-4439	PRO		Reimb. of Monthly Expenses-See Sch. G	\$4,670.08
Committee ID: 1340317 Anderson Williams Research Dallas, TX 75219-2728	POL			\$11,530.13
Hien Nguyen San Diego, CA 92129-4210	OFC			\$138.69
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Sch. G	\$185.00
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Sch. G	\$185.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$169.00
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$1,500.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	TRS			\$1,701.44
Nygren & Company, Inc. El Dorado Hills, CA 95762-7318	TRS			\$566.12
Bryan Shroyer Orange, CA 92867-7251	CNS			\$4,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>45</u> of <u>111</u>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Burkewood Communications Corp. Princeton, NJ 08540-6328	TEL			\$15,000.00
Nygren & Company, Inc. El Dorado Hills, CA 95762-7318	CNS			\$4,000.00
US Bank Encino, CA 91436-2802		Merchant Fees		\$1,271.55
US Bank Encino, CA 91436-2802		Merchant Fees		\$2,222.75
Transfirst LLC Superior, CO 80027-8615		Merchant Fees		\$87.75

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Bank Encino, CA 91436-2802			Merchant Fees	\$156.74
US Bank Encino, CA 91436-2802			Merchant Fees	\$751.87
Paychex, Inc. Glendale, CA 91203-3338	SAL			\$260.00
Transfirst LLC Superior, CO 80027-8615			Merchant Fees	\$123.90
US Bank Encino, CA 91436-2802			Merchant Fees	\$384.85

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 47 of 111
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,889.20
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,889.20
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,889.20
Janessa Pulido Santa Paula, CA 93060-1422	SAL			\$1,984.45
Janessa Pulido Santa Paula, CA 93060-1422	SAL			\$1,984.44

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$1,971.75
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$217.08
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$217.08
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$1,971.75
Janessa Pulido Santa Paula, CA 93060-1422	SAL			\$1,984.45

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
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NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$3,369.82
Izaak Pichardo Arvin, CA 93203-2442	SAL			\$2,012.55
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$314.34
California Republican Party Federal Acct Sacramento, CA 95814-3803			21/79 H4 TSF	\$50,000.00
Committee ID: C00140590 California Republican Party Federal Acct Sacramento, CA 95814-3803			21/79 H4 TSF	\$50,000.00
Committee ID: C00140590				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>50</u> of <u>111</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Party Federal Acct Sacramento, CA 95814-3803			21/79 H4 TSF	\$55,000.00
Committee ID: C00140590 Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$3,690.33
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$1,892.25
Emissary Relations, LLC Rancho Santa Fe, CA 92067	TRS			\$967.63
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			TRS, MTG, WEB, POS	\$80,090.19

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>51</u> of <u>111</u>
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NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Prevail Public Affairs Roseville, CA 95661	CNS			\$6,500.00
Meadowood Napa Valley Saint Helena, CA 94574-9620	FND			\$27,369.25
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$555.62
Robert Durell Photography Davis, CA 95616			Photography Services	\$11,430.11
Secretary Of State Sacramento, CA 95814-5701	FIL			\$30.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Resort at Squaw Creek Lake Tahoe Olympic Valley, CA 96146	FND			\$15,000.00
Resort at Squaw Creek Lake Tahoe Olympic Valley, CA 96146	FND			\$10,000.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$630.00
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$7,147.61
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Sch. G	\$17,251.72

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Sch. G	\$585.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			TRS, MTG, WEB, POS	\$255.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$967,655.14

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 11/19/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$10,000.00	\$0.00	\$0.00	\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$76,827.03
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$132,295.74
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$55,468.71)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
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through 12/31/2017

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NAME OF FILER
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I.D. NUMBER
810163

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB	\$6,500.00	\$0.00	\$0.00	\$6,500.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB	\$2,500.00	\$0.00	\$0.00	\$2,500.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
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810163

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	TRS, MTG, WEB, POS	\$80,681.64	(\$335.49)	\$80,346.15	\$0.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$5,582.58	\$0.00	\$5,582.58	\$0.00
Prevail Public Affairs Roseville, CA 95661	CNS	\$6,500.00	\$0.00	\$6,500.00	\$0.00
Emissary Relations, LLC Rancho Santa Fe, CA 92067	TRS	\$967.63	\$0.00	\$967.63	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anderson Williams Research Dallas, TX 75219-2728	POL	\$11,530.13	\$0.00	\$11,530.13	\$0.00
Meadowood Napa Valley Saint Helena, CA 94574-9620	FND	\$27,369.25	\$0.00	\$27,369.25	\$0.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO	\$500.00	\$0.00	\$0.00	\$500.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$0.00	\$60,000.00	\$0.00	\$60,000.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	TRS	\$0.00	\$104.12	\$0.00	\$104.12
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO	\$0.00	\$500.00	\$0.00	\$500.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
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I.D. NUMBER
810163

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Monaco Group Coto De Caza, CA 92679-5229	LIT	\$0.00	\$1,128.14	\$0.00	\$1,128.14
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$0.00	\$1,110.78	\$0.00	\$1,110.78
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$0.00	\$151.47	\$0.00	\$151.47
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$0.00	\$1,192.50	\$0.00	\$1,192.50

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 11/19/2017
through 12/31/2017

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$0.00	\$1,353.00	\$0.00	\$1,353.00
Emissary Relations, LLC Rancho Santa Fe, CA 92067	CNS	\$0.00	\$1,622.51	\$0.00	\$1,622.51
SUBTOTALS		\$202,131.23	\$76,827.03	\$132,295.74	\$146,662.52

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Kevin Bassett

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Safeway, Inc. Sacramento, CA 95825-5507	CMP			\$1,760.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1760.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Republican Leadership Fund

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO			\$14,000.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO			\$14,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$28000.00

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

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California Republican Party Federal Acct

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ADLY Enterprises, LLC Los Angeles, CA 90037			Office Space Rent	\$1,580.00
ADLY Enterprises, LLC Los Angeles, CA 90037			Office Space Rent	\$1,185.00
AFS/IBEX Financial Services Newport Beach, CA 92660-2463			Insurance	\$3,267.26
Anedot.com Baton Rouge, LA 70884-4314			Credit Card Processing Fees	\$167.66

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6199.92

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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810163

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California Republican Party Federal Acct

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
At&t Sacramento, CA 95814-3947			Telephone and Internet	\$210.10
At&t Maitland, FL 32794			Telephone and Internet	\$362.67
At&t Maitland, FL 32794			Telephone and Internet	\$472.42
ATS Communications Concord, CA 94520-1178			Office Phone System	\$130.58

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1175.77

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
California Republican Party - State

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810163

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ATS Communications Concord, CA 94520-1178			Office Phone System	\$146.14
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404			Legal Fees	\$108.78
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404			Legal Fees	\$253.82
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$4,992.38

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5501.12

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$594.89
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$4,992.38
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$594.89
James L Brulte Fontana, CA 92336-0417			Reimb. Expenses-See Memos	\$1,739.41

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7921.57

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James L Brulte Fontana, CA 92336-0417			Reimb. Expenses-See Memos	\$406.14
James L Brulte Fontana, CA 92336-0417			Reimb. Expenses-See Memos	\$2,134.25
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,900.00
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10340.39

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,900.01
Bryant USB Bank Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$1,385.85
Bryant USB Bank Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$454.18
John Bryner Sunnyvale, CA 94087-1275			Salary-less than 25% FEA	\$1,173.48

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6913.52

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Bryner Sunnyvale, CA 94087-1275			Reimb. Expenses-See Memos	\$593.72
John Bryner Sunnyvale, CA 94087-1275			Reimb. Expenses-See Memos	\$186.65
John Bryner Sunnyvale, CA 94087-1275			Salary-less than 25% FEA	\$1,173.48
John Bryner Sunnyvale, CA 94087-1275			Salary-less than 25% FEA	\$1,173.48

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3127.33

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FPPC Form 460 (June/01)
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Schedule G

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Rifle and Pistol Association Fullerton, CA 92835			Office Space Rent	\$1,343.00
California Rifle and Pistol Association Fullerton, CA 92835			Office Space Rent	\$1,343.00
Capitol Tech Solutions Sacramento, CA 95816-5755			IT/Network Services	\$2,248.34
Tyler Cash San Diego, CA 92122			Reimb. Expenses-See Memos	\$412.38

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5346.72

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	11/19/2017	
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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Republican Party Federal Acct

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tyler Cash San Diego, CA 92122			Salary-less than 25% FEA	\$1,118.67
Tyler Cash San Diego, CA 92122			Reimb. Expenses-See Memos	\$507.79
Tyler Cash San Diego, CA 92122			Salary-less than 25% FEA	\$1,118.67
Tyler Cash San Diego, CA 92122			Salary-less than 25% FEA	\$1,118.66

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3863.79

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CIT Technology Fin Serv, Inc. Los Angeles, CA 90071-3109			Copier Lease	\$310.58
Comcast Cable Sacramento, CA 95834-1999			Telephone and Internet	\$368.67
Comcast Cable Sacramento, CA 95834-1999			Telephone and Internet	\$127.67
Cook Brown LLP Sacramento, CA 95814-4500			Legal Fees	\$763.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1570.06

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cook Brown LLP Sacramento, CA 95814-4500			Legal Fees	\$2,902.65
Ello Creative Tallahassee, FL 32303-5621			Digital Media Consulting-less than 25% FEA	\$1,185.00
Ello Creative Tallahassee, FL 32303-5621			Digital Media Consulting-less than 25% FEA	\$1,185.00
Jordan Escoto Long Beach, CA 90807			Salary-less than 25% FEA	\$1,064.31

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6336.96

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jordan Escoto Long Beach, CA 90807			Reimb. Expenses-See Memos	\$450.16
Jordan Escoto Long Beach, CA 90807			Reimb. Expenses-See Memos	\$453.30
Jordan Escoto Long Beach, CA 90807			Salary-less than 25% FEA	\$1,064.31
Jordan Escoto Long Beach, CA 90807			Salary-less than 25% FEA	\$1,064.30

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TOTAL* \$3032.07

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fedex Express Memphis, TN 38120-4117			Overnight Fees	\$23.47
Fedex Express Memphis, TN 38120-4117			Overnight Fees	\$18.31
John R. Freeman Modesto, CA 95356-1125			Salary-less than 25% FEA	\$1,182.20
John R. Freeman Modesto, CA 95356-1125			Reimb. Expenses-See Memos	\$312.06

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TOTAL* \$1536.04

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John R. Freeman Modesto, CA 95356-1125			Salary-less than 25% FEA	\$1,182.20
John R. Freeman Modesto, CA 95356-1125			Salary-less than 25% FEA	\$1,182.20
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$525.31
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$1,163.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4052.85

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$897.26
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$4,300.87
Hoffman USB Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$4,066.25
Emily Humpal Atwater, CA 95301			Salary-less than 25% FEA	\$1,063.75

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TOTAL* \$10328.13

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Emily Humpal Atwater, CA 95301			Reimb. Expenses-See Memos	\$196.10
Emily Humpal Atwater, CA 95301			Salary-less than 25% FEA	\$1,063.75
Emily Humpal Atwater, CA 95301			Salary-less than 25% FEA	\$1,063.74
Integrated Solutions Political San Diego, CA 92116-2592			Compliance Software	\$25,635.50

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TOTAL* \$27959.09

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IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Employee Payroll Taxes	\$9,793.68
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Employee Payroll Taxes	\$9,707.70
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Employee Payroll Taxes	\$11,385.97
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,013.88

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TOTAL* \$31901.23

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Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,013.87
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,013.87
Alice Jungwirth Woodburn, OR 97071			Administrative Consulting Services-less than 25% FEA	\$1,243.46
Carney King Elk Grove, CA 95624			Salary-less than 25% FEA	\$1,064.31

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TOTAL* \$4335.51

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Carney King Elk Grove, CA 95624			Reimb. Expenses-See Memos	\$59.25
Carney King Elk Grove, CA 95624			Salary-less than 25% FEA	\$1,064.30
Carney King Elk Grove, CA 95624			Salary-less than 25% FEA	\$3,013.88
Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$426.73

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TOTAL* \$4564.16

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$167.81
Ziwei Lu Hesperia, CA 92345-4964			Salary-less than 25% FEA	\$1,150.54
Ziwei Lu Hesperia, CA 92345-4964			Salary-less than 25% FEA	\$1,150.54
Ziwei Lu Hesperia, CA 92345-4964			Salary-less than 25% FEA	\$1,150.54

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3619.43

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MailFinance San Francisco, CA 94134-3394			Postage Machine Rental	\$345.90
Nithin B Mathew Fremont, CA 94539-7780			Salary-less than 25% FEA	\$1,576.91
Nithin B Mathew Fremont, CA 94539-7780			Salary-less than 25% FEA	\$1,576.91
Nithin B Mathew Fremont, CA 94539-7780			Salary-less than 25% FEA	\$1,576.91

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TOTAL* \$5076.63

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Merrill Lynch C/O Paychex Inc. Folsom, CA 95630-8713			Employee 401(K) Contributions	\$148.12
Merrill Lynch C/O Paychex Inc. Folsom, CA 95630-8713			Employee 401(K) Contributions	\$210.33
Merrill Lynch C/O Paychex Inc. Folsom, CA 95630-8713			Employee 401(K) Contributions	\$148.12
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$455.67

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TOTAL* \$962.24

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Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$96.25
Matthew Mitchell Castro Valley, CA 94552-9782			Salary-less than 25% FEA	\$1,362.03
Matthew Mitchell Castro Valley, CA 94552-9782			Salary-less than 25% FEA	\$1,362.03
Matthew Mitchell Castro Valley, CA 94552-9782			Salary-less than 25% FEA	\$1,362.03

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TOTAL* \$4182.34

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NationBuilder Inc. Los Angeles, CA 90013-1155			Website Development	\$5,487.21
NationBuilder Inc. Los Angeles, CA 90013-1155			Website Development	\$5,487.21
Hong Nguyen Stockton, CA 95207-6579			Salary-less than 25% FEA	\$2,288.06
Hong Nguyen Stockton, CA 95207-6579			Reimb. Mileage	\$225.01

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TOTAL* \$13487.49

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hong Nguyen Stockton, CA 95207-6579			Salary-less than 25% FEA	\$2,288.06
Hong Nguyen Stockton, CA 95207-6579			Salary-less than 25% FEA	\$2,288.05
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$319.06
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$312.38

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5207.55

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Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$312.38
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Reimb. Travel Expenses	\$467.24
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Financial (Finance) Consulting-less than 25% FEA	\$4,396.67
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Reimb. Travel Expenses	\$156.29

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TOTAL* \$5332.58

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Premiere Global Services Chicago, IL 60674-0012			Conference Call Services	\$134.03
Pulido USB Visa St. Louis, MO 63179			Credit Card Payment-See Memos	\$7,533.19
Pulido USB Visa St. Louis, MO 63179			Credit Card Payment-See Memos	\$2,398.76
ROW Properties, LLC Modesto, CA 95350-3255			Office Space Rent	\$1,185.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$11250.98

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ROW Properties, LLC Modesto, CA 95350-3255			Office Space Rent	\$1,185.00
S.R. Bobbett Vista, CA 92083			Office Space Rent	\$1,145.50
S.R. Bobbett Vista, CA 92083			Office Space	\$1,145.50
Sacramento CRCC Sacramento, CA 95865-5367			Office Space Rent	\$513.50

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TOTAL* \$3989.50

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Sacramento CRCC Sacramento, CA 95865-5367			Office Space Rent	\$513.50
Regina R Santamaria Ontario, CA 91761-5412			Salary-less than 25% FEA	\$1,300.83
Regina R Santamaria Ontario, CA 91761-5412			Reimb. Expenses-See Memso	\$400.59
Regina R Santamaria Ontario, CA 91761-5412			Salary-less than 25% FEA	\$1,300.83

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TOTAL* \$3515.75

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Regina R Santamaria Ontario, CA 91761-5412			Salary-less than 25% FEA	\$1,300.84
Roarke Shanley BONSALL, CA 92003			Salary-less than 25% FEA	\$1,223.79
Roarke Shanley BONSALL, CA 92003			Reimb. Expenses-See Memos	\$660.41
Roarke Shanley BONSALL, CA 92003			Salary-less than 25% FEA	\$1,223.78

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TOTAL* \$4408.82

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Roarke Shanley BONSALL, CA 92003			Salary-less than 25% FEA	\$1,223.78
Southern California Edison Long Beach, CA 90801-0410			Utilities	\$135.69
Think Right Compliance, Inc. West Sacramento, CA 95691-5844			Compliance Consulting-less than 25% FEA	\$4,345.00
Think Right Compliance, Inc. West Sacramento, CA 95691-5844			Reimb. Travel Expenses	\$727.42

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6431.89

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Republican Party Federal Acct

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TotalFunds By Hasler Milford, CT 06461-9105			Postage Machine Lease	\$657.48
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,026.40
Rosa Trevizo Galt, CA 95632			Reimb. Expense-See Memos	\$59.25
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,026.39

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2769.52

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Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,026.39
US Bank Encino, CA 91436-2802			Merchant Fees	\$73.45
US Bank Encino, CA 91436-2802			Merchant Fees	\$106.22
US Bank Encino, CA 91436-2802			Merchant Fees	\$532.53

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1738.59

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Schedule G

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US Bank Encino, CA 91436-2802			Merchant Fees	\$3,550.94
US Bank Encino, CA 91436-2802			Merchant Fees	\$75.05
USPS Van Nuys, CA 91409-8601			Postage	\$541.15
USPS Van Nuys, CA 91409-8601			Postage	\$177.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4344.89

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fabian Valdez Sacramento, CA 95818-1218			Salary-less than 25% FEA	\$1,501.07
Fabian Valdez Sacramento, CA 95818-1218			Reimb. Mileage	\$98.48
Fabian Valdez Sacramento, CA 95818-1218			Salary-less than 25% FEA	\$1,501.07
Fabian Valdez Sacramento, CA 95818-1218			Salary-less than 25% FEA	\$1,501.07

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4601.69

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Schedule G

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Vision Service Plan Gold River, CA 95670-7985			Employee Medical Benefits	\$194.02
Catherine M Wheeler Roseville, CA 95747-8907			Administrative Consulting-less than 25% FEA	\$6,568.87

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TOTAL* \$6762.87

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Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Hoffman USB Visa

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon.com Seattle, WA 98109-5210	OFC			\$133.91
American Airlines Los Angeles, CA 90045-5888	TRS			\$1,679.33
IDonatePro Cardiff, CA 92007-1726	WEB			\$400.00
City of Sacramento Sacramento, CA 95814-2604	OFC			\$185.00

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TOTAL* \$2398.24

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City of Sacramento Sacramento, CA 95814-2604	OFC			\$185.00
United Airlines Inc. Los Angeles, CA 90045-5679	TRS			\$481.20
TMG Copier Rentals Harbor City, CA 90710-3136	OFC			\$1,777.80
Starbucks Coffee Burbank, CA 91502-1125	CMP			\$990.00

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TOTAL* \$3434.00

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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Staples Inc. Salt Lake City, UT 84116-4136	OFC			\$771.78
Southwest Airlines Dallas, TX 75235-1908	TRS			\$3,570.63
PODS Enterprises, Inc. Tampa, FL 33631-3673	OFC			\$811.51
Pilot Air Freight Sacramento, CA 95834		Shipping		\$857.06

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TOTAL* \$6010.98

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PC Nametag Verona, WI 53593-1234	CMP			\$3,750.42
Minuteman Press Rancho Cucamonga, CA 91730-5669	LIT			\$326.34
IDonatePro Cardiff, CA 92007-1726	WEB			\$250.00
City of Sacramento Sacramento, CA 95814-2604	OFC			\$185.00

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TOTAL* \$4511.76

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City of Sacramento Sacramento, CA 95814-2604	OFC			\$185.00
Contemporary Services Hayward, CA 94545			Convention Security	\$1,576.00

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TOTAL* \$1761.00

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Matt Klemin

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	TRS			\$2,574.80

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TOTAL* \$2574.80

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton San Diego Hotel and Marina San Diego, CA 92101-1009	TRS			\$582.63
Montecito Supply Co. Santa Barbara, CA 93101	CMP			\$1,014.20
Minuteman Press Rancho Cucamonga, CA 91730-5669	LIT			\$1,146.22
La Costa Limousine Carlsbad, CA 92010	TRS			\$1,529.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4272.55

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Pulido USB Visa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fidel's Little Mexico Solana Beach, CA 92075-2428	TRS			\$317.13
Dean & Deluca Saint Helena, CA 94574-2209	FND			\$995.31
Anaheim Marriott Hotels Anaheim, CA 92802-3424	TRS			\$253.74
Southwest Airlines Dallas, TX 75235-1908	TRS			\$169.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1735.18

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Pulido USB Visa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Enterprise Rent-A-car Camarillo, CA 93010-6428	TRS			\$668.18
Rev Up Software Redwood City, CA 94065	WEB			\$1,500.00
Wine.com San Francisco, CA 94104-3803	CMP			\$202.08
Uber Technologies San Francisco, CA 94105-1611	TRS			\$136.34

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2506.60

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

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NAME OF FILER
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I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Julie Sauls

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Things Remembered Sacramento, CA 95815-4030	CMP			\$1,660.55

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1660.55

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 11/19/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 11/19/2017

through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/20/2017	Personal Insurance Federation of CA Agents & Employees PAC Sacramento, CA 95814-3991 Filer ID: 1338487	Convention Sponsorship	\$15,000.00
12/29/2017	Tsega M Kelile Gold River, CA 95670-6913	Parking Reimbursement	\$185.00
12/29/2017	Farmers Group, Inc. Woodland Hills, CA 91367-2264	Convention Sponsorship	\$10,000.00
12/30/2017	Tsega M Kelile Gold River, CA 95670-6913	Parking Reimbursement	\$185.00
12/30/2017	Golden State Strategy Group Sacramento, CA 95864-5641	Reimb. of Overpayment	\$240.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 11/19/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/30/2017	Fedex Express Memphis, TN 38120-4117	Reimb. of Overpayment	\$41.21
12/30/2017	38th AD Central Committee Newhall, CA 91321-3513 Filer ID: C00469254	Rent Reimbursement	\$1,272.52
11/20/2017	California Republican Party Federal Acct Sacramento, CA 95814-3803 Filer ID: C00140590	Corrective Transfer of Federal Allocable Expenses	\$5,955.32
11/28/2017	Philip Morris USA Inc. and its Affiliates Sacramento, CA 95814-3912	Convention Sponsorship	\$10,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$42,879.05

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$42,879.05
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$42,879.05

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC